

<i>SERFF Tracking Number:</i>	<i>AEGJ-126667700</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46210</i>
<i>Company Tracking Number:</i>	<i>1231</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>UNI1 - Shared Care Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>UNI1 - Form/Rate Filing/2035</i>		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: UNI1 - Shared Care Benefit      SERFF Tr Num: AEGJ-126667700      State: Arkansas

Rider

TOI: LTC03I Individual Long Term Care      SERFF Status: Closed-Approved      State Tr Num: 46210

Sub-TOI: LTC03I.001 Qualified      Co Tr Num: 1231      State Status: Closed

Filing Type: Form/Rate      Reviewer(s): Marie Bennett, Harris Shearer

Authors: Julie Maclin, Wendi Miller, Disposition Date: 08/04/2010

Laura Aleman

Date Submitted: 07/14/2010      Disposition Status: Approved

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name: UNI1 - Form/Rate Filing

Project Number: 2035

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/16/2010

Domicile Status Comments: Iowa is the state of domicile

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/04/2010

Explanation for Other Group Market Type:

State Status Changed: 08/04/2010

Deemer Date:

Created By: Julie Maclin

Submitted By: Laura Aleman

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Laura Aleman, Senior Policy Analyst

LAleman@aegonusa.com

P.O. Box 93007

800-553-7600 [Phone] 3353 [Ext]

SERFF Tracking Number: AEGJ-126667700 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 46210  
 Company Tracking Number: 1231  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
 Product Name: UNII - Shared Care Benefit Rider  
 Project Name/Number: UNII - Form/Rate Filing/2035

Bedford, TX 76053-3007 817-285-3394 [FAX]

### Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
P O Box 93005	Group Code: 468	Company Type:
Hurst, TX 76053-3005	Group Name:	State ID Number:
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 x 2 forms, \$50 x 1 rate = \$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$100.00	07/14/2010	37966122

SERFF Tracking Number:	AEGJ-126667700	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	UNII - Shared Care Benefit Rider		
Project Name/Number:	UNII - Form/Rate Filing/2035		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/04/2010	08/04/2010

<i>SERFF Tracking Number:</i>	<i>AEGJ-126667700</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>1231</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>UNII - Shared Care Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>UNII - Form/Rate Filing/2035</i>		

## Disposition

Disposition Date: 08/04/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGJ-126667700</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46210</i>
<i>Company Tracking Number:</i>	<i>1231</i>		
<i>TOI:</i>	<i>LTC031 Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC031.001 Qualified</i>
<i>Product Name:</i>	<i>UN11 - Shared Care Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>UN11 - Form/Rate Filing/2035</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Shared Care Benefit Rider		Yes
<b>Rate</b>	Rates		Yes

SERFF Tracking Number:	AEGJ-126667700	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	46210
Company Tracking Number:	1231		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	UNI1 - Shared Care Benefit Rider		
Project Name/Number:	UNI1 - Form/Rate Filing/2035		

## Form Schedule

Lead Form Number: TLC 1-SC-R 0510

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TLC 1-SC-R 0510	Policy/Cont Shared Care Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			TLC 1-SC-R 0510.pdf



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
[P.O. Box 95302]  
[Hurst, Texas 76053-5302]  
[1-800-227-3740]

## **SHARED CARE BENEFIT RIDER**

**This Rider allows Your Spouse to access the available benefits under Your Policy once the Maximum Benefit under his/her own policy has been exhausted.**

This Rider is made a part of Your Policy. It is subject to all of the provisions, definitions, conditions, exceptions and limitations of Your Policy which do not conflict with this Rider. In case of conflict between the Policy and this Rider, the provisions of this Rider will control.

The additional premium amount for this Rider is shown on the Schedule. The effective date of this Rider also is shown on the Schedule. If this Rider has been added after Your Policy was issued, the effective date of this Rider is shown below. The premium for this Rider is then shown in the endorsement attached to this Rider.

### **Eligibility**

You have named Your Spouse as the Shared Care covered person under Your Policy. This will allow Your Spouse to access benefits under Your Policy if, and only if:

- You and Your Spouse both purchase and maintain identical Long Term Care Insurance Policies issued by Transamerica Life Insurance Company; and
- You and Your Spouse both have identical Shared Care Benefit Riders attached to Your Policies; and
- the Maximum Benefit of Your Spouse's own Transamerica Life Insurance Company policy has been exhausted; and
- Your Policy has at least some of its Maximum Benefit still available; and
- We receive a signed consent form from You allowing Your Spouse to receive benefits under Your Maximum Benefit.

### **Definition**

Spouse means the Spouse who is named in the application for this Rider.

### **Benefit**

If Your Spouse exhausts the Maximum Benefit under his/her own Transamerica Life Insurance Company policy, We will continue Your Spouse's coverage under Your Policy. Your Spouse's coverage is subject to all of the terms and the Maximum Benefit of Your Policy as long as You keep Your Policy and this Rider in force. You may keep this Rider in force by the timely payment of the Rider premium.

In order for Your Spouse to access benefits under Your Policy:

- Your Spouse must have already exhausted the Maximum Benefit under his/her own policy; and
- Your Policy must have at least some of its Maximum Benefit still available; and
- Your Spouse must have already satisfied the Elimination Period under his/her own policy, if the benefits used under his/her policy were subject to the Elimination Period; **or**
- Your Spouse must satisfy the Elimination Period under Your Policy, if the benefits he/she receives are subject to the Elimination Period.

You and Your Spouse both may receive benefits under Your Policy at the same time. We will not pay benefits that exceed the Maximum Benefit of both policies combined.

All of the benefits of Your Policy are available for Your Spouse to access through this Rider, except as noted below.

### **Waiver of Premium**

Any Waiver of Premium Benefit contained in Your Policy will apply only if You are receiving benefits under Your Policy. We will not waive Your Policy's premiums because Your Spouse is receiving benefits under Your Policy.

### **Restoration of Benefits**

The Restoration of Nursing Home Benefits or the Full Restoration of Benefits, if either is included in Your Policy, only applies to benefits that You have used under Your Policy. No benefits used by Your Spouse will be restored under Your Policy.

### **Your Right to Purchase Additional Coverage**

If Your Spouse exhausts the Maximum Benefit of Your Policy, We will offer You the option to purchase 2 more years of coverage. This means Your new Maximum Benefit will be equal to the Nursing Home Maximum Daily Benefit then in effect times 730 days. Any other benefit amounts will be at the same level that they were on the date Your Maximum Benefit was exhausted. Except for this Rider, all other optional benefits will be restored as well. Your Spouse will no longer have access to Your Policy's benefits.

This right to purchase additional coverage will not be available to You if:

- Your Maximum Benefit is exhausted on or after Your 91st birthday;
- You have met the Benefit Eligibility requirements of Your Policy within the 2-year period prior to the date Your Maximum Benefit was exhausted; or
- You are the one who exhausted the Maximum Benefit of Your Policy.

We will notify You when the Maximum Benefit of Your Policy has been exhausted. We will explain Your right to purchase additional coverage. You will have 60 days from the date of the notice to decide if You want to take advantage of Your right to purchase additional coverage. You must notify Us in writing if You choose to increase Your Maximum Benefit as shown above. No underwriting will be required. The premium for the additional coverage will be at Our table of rates in effect on the date of purchase. It will be based on Your attained age on the date of purchase.

### **Death of Your Spouse**

If Your Spouse dies while this Rider is in effect, We will increase Your Maximum Benefit by the amount of the remaining Maximum Benefit under Your deceased Spouse's Policy, if any. We must receive written proof of the death of Your Spouse. We will provide You with written notice of the new Maximum Benefit and Your new premium. No further premiums for this Rider will be required.

### **Termination**

Termination of this Rider will not affect the Policy to which it is attached. Any benefits paid under this Rider will be subtracted from the Maximum Benefit.

This Rider ends on the earliest of:

- (1) the date the Policy ends;
- (2) the date the Policy is continued under any nonforfeiture or contingent nonforfeiture benefit;
- (3) the date the Shared Care Benefit Rider on Your Spouse's policy ends for any reason other than because benefits under that policy were exhausted;
- (4) the date the Maximum Benefit is exhausted under both Your Policy and Your Spouse's policy;
- (5) the date You or Your Spouse elects to change either of Your policies so that the policies are no longer identical; or
- (6) the date We receive written request from You to cancel this Rider or Your Policy.



Rider Effective Date: \_\_\_\_\_

  
SECRETARY

  
PRESIDENT

SERFF Tracking Number:	AEGJ-126667700	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	UNI1 - Shared Care Benefit Rider		
Project Name/Number:	UNI1 - Form/Rate Filing/2035		

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
	Rates	TLC 1-FP (AR) 206; TLC 1-SC-R 0510	New		AR - Uni 1 - Act Rates.pdf

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Base Premium Rates**  
per \$10 of Daily Benefit

	Benefit Periods*						
	365 Days	730 Days	1095 Days	1460 Days	1825 Days	2190 Days	Unlimited
Nursing Home	21.33	28.44	33.01	37.40	42.28	49.91	55.93
Assisted Living Facility	21.33	28.44	33.01	37.40	42.28	49.91	55.93
Home Health Care	18.29	24.38	28.29	32.05	36.24	42.78	47.94

\* Benefit Periods between years are interpolated between full year benefit periods

Example: Rate for a 1,000 day BP would be calculated as follows:

$$730 \text{ day rate} \times (1095 - 1000) / (1095 - 730) + 1095 \text{ day rate} \times (1000 - 730) / (1095 - 730)$$

$$28.44 \times (95 / 365) + 33.01 \times (270 / 365) = 31.82$$

Unlimited is assumed to be 3650 days for purposes of interpolating.

Single Standard Underwriting Factors	
Class	Rate
Standard 0	0.95
Standard 1	1.00
Standard 2	1.05

Preferred Underwriting Discounts	
Class	Rate
Discount 1	10%
Discount 2	15%
Discount 3	20%

Married Spouse Not Applying Discount: 15%  
Married Discount: 30%

Select Classes	
Class I	1.25
Class II	1.50
Class III	1.75
Class IV	2.00
Class V	3.00
Class VI	4.00

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Elimination Period Factors**

Benefit	Elimination Period										
	0 Day	20 Day	30 Day	50 Day	60 Day	90 Day	100 Day	120 Day	150 Day	180 Day	365 Day
NH & ALF	1.40	1.30	1.25	1.18	1.15	1.00	0.98	0.95	0.90	0.85	0.80
HHC	1.00	0.91	0.87	0.81	0.78	0.65	0.64	0.61	0.58	0.54	0.50

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Age Factors**

Issue Age	Non-Lifetime Benefit Periods	Lifetime Benefit Period
0	0.36	0.36
31	0.36	0.36
32	0.36	0.36
33	0.36	0.36
34	0.36	0.36
35	0.37	0.36
36	0.37	0.36
37	0.37	0.36
38	0.39	0.38
39	0.40	0.39
40	0.42	0.41
41	0.44	0.42
42	0.45	0.44
43	0.46	0.45
44	0.47	0.47
45	0.48	0.48
46	0.49	0.50
47	0.50	0.51
48	0.52	0.53
49	0.53	0.54
50	0.54	0.56
51	0.56	0.57
52	0.57	0.59
53	0.60	0.63
54	0.62	0.66
55	0.65	0.70
56	0.67	0.73
57	0.70	0.77
58	0.77	0.84
59	0.83	0.91
60	0.90	0.97
61	0.96	1.04
62	1.03	1.11
63	1.13	1.22
64	1.24	1.34
65	1.34	1.45
66	1.45	1.57
67	1.55	1.68
68	1.74	1.87
69	1.94	2.06
70	2.13	2.25
71	2.33	2.43
72	2.52	2.62
73	2.89	3.04
74	3.26	3.45
75	3.62	3.87
76	3.99	4.28
77	4.36	4.70
78	5.10	5.37
79	5.83	6.04
80	6.57	6.71
81	7.31	7.38
82	8.05	8.05
83	8.83	8.78
84	9.61	9.51
85	10.40	10.24
86	11.18	10.98
87	11.96	11.71
88	12.71	12.41
89	13.46	13.11
90	14.21	13.80
91	14.96	14.50
92	15.71	15.20
93	17.02	16.44
94	18.32	17.67
95	19.63	18.91
96	20.93	20.14
97	22.24	21.38
98	23.45	22.60
99	24.67	23.82
100	25.88	25.02

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Miscellaneous Riders**

Rider		Rate
Ambulance	=	1% of the NH rate
Patient Advocacy and Medication Management	=	1% of the NH rate
Prescription Drug Benefit In A Nursing Home	=	3% of the NH rate
Nursing Home Indemnity Payment Option	=	1% of the NH rate
Professional Services at 2 x Basic Services	=	30% of the HC rate
Monthly HHC	=	9.25% of the entire rate
Three ADL Trigger	=	20% reduction of the HC and ALF rate
Joint Policy	=	15% reduction of the entire rate
Nonforfeiture Benefit - Shortened Benefit Period	=	10% of the entire rate
Joint Waiver of Premium	=	2% of the entire rate
Rate Guarantee	=	2% for each year of guarantee beyond 5 years (e.g. 10-yr guarantee is 10%)

**Transamerica Life Insurance Company  
Long Term Care Policy TLC 1-FP (AR) 206**

**Shared Care Rider**

<b>Benefit Period</b>		<b>Rate</b>
1 Year	=	32%
2 Year	=	28%
3 Year	=	17%
4 Year	=	12%
5 Year	=	9%
6 Year	=	7%
7 Year	=	6%
8 Year	=	4%
9 Year	=	3%
Lifetime	=	0%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Restoration of Benefits**

<b>Benefit Period</b>	<b>Rate</b>
1 Year	9%
2 Year	6%
3 Year	5%
4 Year	4%
5+ Year *	3%

**Survivorship Rider**

<b>Minimum Number of Years With No Death Nor Claims</b>				
<b>Issue Age</b>		<b>0/0</b>		<b>10/10</b>
< 66		20.0%		15.0%
>= 66		25.0%		15.0%

\* Does not apply to Unlimited Benefit Period



**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Return of Premium Rider**

<b>Issue Age</b>	<b>Full No Max</b>	<b>Full \$10K Max</b>	<b>Less Claims No Max</b>	<b>Less Claims \$10K Max</b>
18 - 30	37%	10%	23%	10%
31	37%	10%	23%	10%
32	37%	10%	23%	10%
33	37%	10%	23%	10%
34	37%	10%	23%	10%
35	37%	10%	23%	10%
36	37%	10%	23%	10%
37	37%	10%	24%	10%
38	37%	10%	24%	10%
39	37%	10%	24%	10%
40	37%	10%	25%	10%
41	39%	10%	25%	10%
42	40%	11%	25%	11%
43	42%	11%	26%	11%
44	43%	12%	27%	12%
45	45%	12%	28%	12%
46	47%	13%	29%	13%
47	49%	13%	31%	13%
48	51%	14%	32%	14%
49	53%	15%	33%	15%
50	56%	16%	34%	16%
51	59%	18%	36%	18%
52	62%	19%	37%	19%
53	65%	21%	39%	20%
54	68%	22%	40%	22%
55	71%	24%	42%	24%
56	75%	26%	44%	26%
57	79%	28%	45%	28%
58	82%	30%	47%	29%
59	85%	32%	49%	31%
60	89%	34%	51%	33%
61	93%	35%	54%	34%
62	98%	37%	56%	36%
63	103%	38%	58%	37%
64	108%	38%	61%	37%
65	114%	38%	64%	37%
66	121%	39%	67%	37%
67	129%	39%	70%	38%
68	136%	39%	74%	38%
69	145%	40%	79%	38%
70	154%	40%	83%	39%
71	164%	41%	88%	39%
72	175%	41%	92%	40%
73	189%	42%	98%	40%
74	204%	42%	104%	40%
75	219%	42%	109%	41%
76	234%	43%	115%	41%
77	247%	43%	121%	42%
78	258%	44%	127%	42%
79	268%	44%	133%	42%
80	276%	45%	138%	43%
81	285%	45%	144%	43%
82	294%	46%	150%	44%
83	302%	46%	156%	44%
84	309%	46%	162%	44%
85	317%	47%	168%	45%
86	328%	47%	174%	45%
87	347%	48%	180%	46%
88	371%	48%	187%	46%
89	400%	48%	194%	46%
90	434%	48%	201%	46%
91	475%	49%	208%	47%
92	523%	50%	215%	48%
93	577%	52%	223%	50%
94	638%	54%	231%	52%
95	706%	58%	239%	55%
96	782%	62%	247%	58%
97	867%	67%	255%	64%
98	961%	74%	263%	70%
99	1063%	82%	273%	77%
100 +	1174%	91%	283%	85%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Limited Pay Factors**

<b>Issue Age</b>	<b>1 Pay</b>	<b>5 Pay</b>	<b>10 Pay</b>	<b>15 Pay</b>	<b>20 Pay</b>	<b>Paid Up at 65</b>
0	33.22	7.71	3.85	3.07	2.38	1.75
31	33.22	7.71	3.85	3.07	2.38	1.75
32	33.22	7.71	3.85	3.07	2.38	1.75
33	33.22	7.71	3.82	3.02	2.36	1.77
34	33.22	7.71	3.79	2.98	2.34	1.79
35	33.22	7.71	3.76	2.93	2.32	1.80
36	33.22	7.71	3.73	2.89	2.31	1.82
37	33.22	7.71	3.71	2.85	2.29	1.84
38	32.84	7.63	3.66	2.80	2.27	1.85
39	32.46	7.55	3.61	2.76	2.25	1.87
40	32.08	7.46	3.57	2.72	2.23	1.89
41	31.70	7.38	3.52	2.67	2.21	1.90
42	31.32	7.30	3.48	2.63	2.20	1.92
43	30.95	7.17	3.41	2.58	2.17	1.97
44	30.58	7.03	3.35	2.54	2.14	2.02
45	30.21	6.90	3.29	2.50	2.11	2.11
46	29.83	6.76	3.22	2.45	2.08	2.13
47	29.46	6.63	3.16	2.41	2.05	2.16
48	28.97	6.46	3.10	2.36	2.02	2.19
49	28.49	6.29	3.05	2.30	2.00	2.22
50	28.00	6.12	2.99	2.25	1.97	2.25
51	27.51	5.95	2.94	2.19	1.95	2.34
52	27.02	5.78	2.88	2.14	1.92	2.42
53	26.37	5.65	2.82	2.09	1.88	2.51
54	25.72	5.52	2.75	2.04	1.84	2.60
55	25.07	5.38	2.69	2.00	1.80	2.69
56	24.41	5.25	2.62	1.95	1.76	3.08
57	23.76	5.11	2.56	1.90	1.72	3.48
58	23.00	4.97	2.48	1.86	1.67	3.88
59	22.25	4.82	2.41	1.82	1.62	4.28
60	21.49	4.67	2.34	1.78	1.56	4.67
61	20.74	4.53	2.27	1.73	1.51	0.00
62	19.98	4.38	2.20	1.69	1.46	0.00
63	19.14	4.22	2.13	1.62	1.41	0.00
64	18.30	4.07	2.07	1.55	1.36	0.00
65	17.45	3.91	2.00	1.48	1.30	0.00
66	16.61	3.76	1.93	1.41	1.25	0.00
67	15.77	3.60	1.86	1.34	1.20	0.00
68	15.10	3.42	1.81	1.28	1.17	0.00
69	14.42	3.23	1.75	1.22	1.13	0.00
70	13.75	3.05	1.70	1.15	1.10	0.00
71	13.07	2.86	1.64	1.09	1.07	0.00
72	12.40	2.68	1.59	1.02	1.04	0.00
73	11.71	2.53	1.53	1.02	1.03	0.00
74	11.02	2.37	1.47	1.02	1.03	0.00
75	10.32	2.22	1.42	1.02	1.02	0.00
76	9.63	2.07	1.36	1.01	1.02	0.00
77	8.94	1.92	1.30	1.01	1.01	0.00
78	8.70	1.81	1.26	1.01	1.01	0.00
79	8.47	1.71	1.21	1.01	1.01	0.00
80	8.23	1.61	1.16	1.01	1.01	0.00
81	8.00	1.51	1.12	1.01	1.01	0.00
82	7.76	1.40	1.07	1.01	1.01	0.00
83	7.71	1.36	1.06	1.01	1.01	0.00
84	7.67	1.32	1.05	1.01	1.01	0.00
85	7.62	1.28	1.04	1.01	1.01	0.00
86	7.58	1.24	1.03	1.01	1.01	0.00
87	7.53	1.20	1.02	1.01	1.01	0.00
88	7.51	1.18	1.02	1.01	1.01	0.00
89	7.49	1.17	1.02	1.01	1.01	0.00
90	7.46	1.16	1.01	1.01	1.01	0.00
91	7.44	1.14	1.01	1.01	1.01	0.00
92	7.42	1.13	1.01	1.01	1.01	0.00
93	7.40	1.12	1.01	1.01	1.01	0.00
94	7.38	1.11	1.01	1.01	1.01	0.00
95	7.35	1.09	1.01	1.01	1.01	0.00
96	7.33	1.08	1.01	1.01	1.01	0.00
97	7.31	1.07	1.01	1.01	1.01	0.00
98	7.29	1.05	1.01	1.01	1.01	0.00
99	7.26	1.03	1.01	1.01	1.01	0.00
100	7.24	1.01	1.01	1.01	1.01	0.00

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Paid Up Provision Factors**

For Limited Pay Periods > 10 Yrs

Issue Age	Factor
18 - 40	13%
41	12%
42	12%
43	12%
44	12%
45	12%
46	11%
47	11%
48	11%
49	11%
50	11%
51	10%
52	10%
53	10%
54	10%
55	10%
56	9%
57	9%
58	9%
59	9%
60	9%
61	8%
62	8%
63	8%
64	8%
65	8%
66	7%
67	7%
68	7%
69	7%
70	7%
71	6%
72	6%
73	6%
74	6%
75	6%
76	5%
77	5%
78	5%
79	5%
80	5%
81	4%
82	4%
83	4%
84	4%
85	4%
86	3%
87	3%
88	3%
89	3%
90	3%
91	2%
92	2%
93	2%
94	2%
95	2%
96	1%
97	1%
98	1%
99	1%
100 +	1%

**Cancellation Factors**

For Single Premium and 5-Pay

Issue Age	Factor
18 - 40	1%
41	1%
42	1%
43	1%
44	1%
45	1%
46	1%
47	1%
48	1%
49	1%
50	1%
51	1%
52	1%
53	1%
54	1%
55	1%
56	1%
57	1%
58	1%
59	1%
60	1%
61	1%
62	1%
63	1%
64	1%
65	1%
66	1%
67	1%
68	1%
69	1%
70	2%
71	2%
72	2%
73	2%
74	2%
75	3%
76	3%
77	3%
78	3%
79	4%
80	4%
81	5%
82	5%
83	6%
84	6%
85	7%
86	7%
87	8%
88	9%
89	9%
90	10%
91	11%
92	12%
93	13%
94	14%
95	15%
96	16%
97	17%
98	18%
99	19%
100 +	20%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Benefit Increase Option Factors for 1-Year and 2-Year Benefit Period**

Issue Age	Simple		Compound		Step-Rate		Deferred	Guaranteed Purchase Option
	5%	3%	5%	3%	5%	3%		
0	111%	68%	288%	132%	74%	36%	0%	0%
31	111%	68%	288%	132%	74%	36%	0%	0%
32	111%	68%	288%	132%	74%	36%	0%	0%
33	111%	68%	287%	132%	74%	36%	0%	0%
34	111%	68%	286%	132%	74%	36%	0%	0%
35	111%	68%	284%	132%	74%	36%	0%	0%
36	111%	68%	283%	132%	74%	36%	0%	0%
37	111%	68%	282%	132%	74%	36%	0%	0%
38	111%	68%	282%	132%	74%	36%	0%	0%
39	111%	68%	282%	132%	74%	36%	0%	0%
40	111%	68%	282%	132%	74%	36%	0%	0%
41	111%	68%	282%	132%	74%	36%	0%	0%
42	111%	68%	282%	132%	74%	36%	0%	0%
43	111%	68%	277%	130%	72%	36%	0%	0%
44	111%	68%	273%	127%	70%	36%	0%	0%
45	111%	68%	269%	125%	68%	36%	0%	0%
46	111%	68%	264%	122%	66%	35%	0%	0%
47	111%	68%	260%	120%	65%	35%	0%	0%
48	111%	68%	255%	119%	64%	35%	0%	0%
49	111%	68%	250%	118%	63%	35%	0%	0%
50	111%	68%	246%	118%	62%	35%	0%	0%
51	111%	68%	241%	117%	61%	35%	0%	0%
52	111%	68%	236%	116%	60%	35%	0%	0%
53	111%	68%	229%	114%	59%	35%	0%	0%
54	110%	67%	222%	111%	58%	35%	0%	0%
55	109%	67%	214%	108%	56%	35%	0%	0%
56	108%	66%	207%	105%	55%	35%	0%	0%
57	107%	66%	200%	103%	54%	35%	0%	0%
58	105%	65%	192%	99%	52%	33%	0%	0%
59	103%	64%	185%	96%	50%	31%	0%	0%
60	101%	62%	178%	92%	47%	30%	0%	0%
61	99%	61%	170%	89%	45%	28%	0%	0%
62	97%	60%	163%	86%	43%	26%	0%	0%
63	91%	57%	153%	80%	39%	23%	0%	0%
64	84%	54%	143%	75%	34%	20%	0%	0%
65	78%	51%	133%	69%	30%	17%	0%	0%
66	72%	48%	123%	64%	26%	14%	0%	0%
67	66%	45%	112%	58%	22%	11%	0%	0%
68	61%	43%	105%	55%	20%	10%	0%	0%
69	57%	42%	97%	52%	19%	10%	0%	0%
70	52%	40%	89%	49%	18%	9%	0%	0%
71	47%	38%	82%	46%	17%	9%	0%	0%
72	42%	36%	74%	43%	16%	8%	0%	0%
73	40%	35%	70%	41%	15%	8%	0%	0%
74	38%	33%	67%	39%	14%	7%	0%	0%
75	36%	31%	63%	37%	12%	7%	0%	0%
76	34%	30%	59%	35%	11%	6%	0%	0%
77	32%	28%	55%	33%	10%	6%	0%	0%
78	31%	27%	52%	31%	10%	5%	0%	0%
79	29%	25%	48%	29%	9%	5%	0%	0%
80	27%	24%	45%	27%	9%	5%	0%	0%
81	26%	22%	41%	25%	8%	5%	0%	0%
82	24%	21%	38%	23%	8%	4%	0%	0%
83	23%	20%	36%	22%	7%	4%	0%	0%
84	22%	20%	35%	21%	6%	3%	0%	0%
85	21%	18%	32%	19%	5%	3%	0%	0%
86	20%	17%	30%	19%	4%	2%	0%	0%
87	19%	17%	29%	18%	3%	1%	0%	0%
88	19%	16%	28%	17%	2%	1%	0%	0%
89	18%	15%	27%	16%	2%	1%	0%	0%
90	17%	15%	25%	16%	2%	1%	0%	0%
91	16%	14%	24%	15%	2%	1%	0%	0%
92	15%	14%	22%	15%	1%	1%	0%	0%
93	14%	12%	21%	13%	1%	1%	0%	0%
94	14%	12%	20%	13%	1%	1%	0%	0%
95	14%	12%	20%	12%	1%	1%	0%	0%
96	13%	11%	19%	12%	1%	1%	0%	0%
97	13%	11%	18%	11%	1%	1%	0%	0%
98	12%	10%	17%	11%	1%	1%	0%	0%
99	12%	10%	17%	10%	1%	1%	0%	0%
100	11%	10%	16%	10%	1%	1%	0%	0%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Benefit Increase Option Factors for 3-Year Benefit Period**

Issue Age	Simple		Compound		Step-Rate		Deferred	Guaranteed Purchase Option
	5%	3%	5%	3%	5%	3%		
0	108%	64%	291%	122%	65%	30%	0%	0%
31	108%	64%	291%	122%	65%	30%	0%	0%
32	108%	64%	291%	122%	65%	30%	0%	0%
33	108%	64%	291%	121%	65%	30%	0%	0%
34	108%	64%	291%	121%	65%	30%	0%	0%
35	108%	64%	290%	121%	65%	30%	0%	0%
36	108%	64%	290%	121%	65%	30%	0%	0%
37	108%	64%	290%	121%	65%	30%	0%	0%
38	108%	64%	290%	121%	65%	30%	0%	0%
39	108%	64%	290%	121%	65%	30%	0%	0%
40	108%	64%	290%	121%	65%	30%	0%	0%
41	108%	64%	290%	121%	65%	30%	0%	0%
42	108%	64%	290%	121%	65%	30%	0%	0%
43	108%	64%	284%	119%	63%	30%	0%	0%
44	108%	64%	277%	117%	62%	31%	0%	0%
45	108%	63%	271%	115%	60%	31%	0%	0%
46	108%	63%	265%	113%	59%	31%	0%	0%
47	108%	63%	258%	111%	57%	31%	0%	0%
48	108%	63%	253%	111%	56%	31%	0%	0%
49	108%	63%	248%	110%	55%	31%	0%	0%
50	108%	63%	242%	109%	54%	31%	0%	0%
51	108%	63%	237%	108%	53%	31%	0%	0%
52	108%	63%	232%	107%	52%	31%	0%	0%
53	108%	63%	225%	104%	51%	31%	0%	0%
54	107%	62%	217%	102%	50%	31%	0%	0%
55	106%	62%	210%	100%	49%	31%	0%	0%
56	105%	61%	203%	97%	48%	31%	0%	0%
57	104%	61%	196%	95%	47%	31%	0%	0%
58	102%	60%	189%	92%	45%	31%	0%	0%
59	100%	59%	182%	89%	42%	30%	0%	0%
60	98%	58%	175%	86%	40%	30%	0%	0%
61	96%	57%	169%	84%	37%	30%	0%	0%
62	94%	56%	162%	81%	35%	30%	0%	0%
63	89%	53%	153%	76%	32%	26%	0%	0%
64	84%	51%	143%	72%	29%	23%	0%	0%
65	80%	49%	134%	67%	26%	19%	0%	0%
66	75%	47%	125%	63%	23%	16%	0%	0%
67	70%	45%	116%	58%	20%	12%	0%	0%
68	65%	43%	108%	55%	19%	11%	0%	0%
69	60%	42%	100%	52%	18%	11%	0%	0%
70	56%	40%	92%	48%	17%	10%	0%	0%
71	51%	38%	84%	45%	16%	9%	0%	0%
72	46%	36%	76%	42%	14%	8%	0%	0%
73	44%	35%	72%	40%	13%	8%	0%	0%
74	41%	33%	68%	38%	12%	7%	0%	0%
75	39%	31%	64%	36%	11%	7%	0%	0%
76	36%	30%	60%	33%	10%	6%	0%	0%
77	34%	28%	56%	31%	9%	5%	0%	0%
78	32%	27%	53%	30%	9%	5%	0%	0%
79	30%	25%	49%	28%	8%	5%	0%	0%
80	29%	24%	46%	26%	8%	5%	0%	0%
81	27%	22%	42%	24%	7%	4%	0%	0%
82	25%	21%	39%	22%	7%	4%	0%	0%
83	24%	20%	37%	21%	6%	4%	0%	0%
84	23%	20%	36%	20%	5%	3%	0%	0%
85	22%	18%	33%	19%	4%	3%	0%	0%
86	21%	17%	31%	19%	3%	2%	0%	0%
87	20%	17%	30%	17%	2%	1%	0%	0%
88	20%	16%	29%	16%	2%	1%	0%	0%
89	19%	15%	27%	15%	2%	1%	0%	0%
90	18%	15%	25%	15%	2%	1%	0%	0%
91	17%	14%	24%	14%	1%	1%	0%	0%
92	16%	14%	23%	14%	1%	1%	0%	0%
93	15%	12%	22%	13%	1%	1%	0%	0%
94	15%	12%	21%	13%	1%	1%	0%	0%
95	14%	12%	21%	12%	1%	1%	0%	0%
96	13%	11%	19%	12%	1%	1%	0%	0%
97	13%	11%	18%	10%	1%	1%	0%	0%
98	13%	10%	17%	10%	1%	1%	0%	0%
99	13%	10%	17%	9%	1%	1%	0%	0%
100	12%	10%	16%	9%	1%	1%	0%	0%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Benefit Increase Option Factors for 4-Year Benefit Period**

Issue Age	Simple		Compound		Step-Rate		Deferred	Guaranteed Purchase Option
	5%	3%	5%	3%	5%	3%		
0	117%	72%	328%	143%	77%	34%	0%	0%
31	117%	72%	328%	143%	77%	34%	0%	0%
32	117%	72%	328%	143%	77%	34%	0%	0%
33	117%	72%	327%	143%	77%	34%	0%	0%
34	117%	72%	325%	143%	77%	34%	0%	0%
35	117%	72%	324%	143%	77%	34%	0%	0%
36	117%	72%	323%	143%	77%	34%	0%	0%
37	117%	72%	321%	143%	77%	34%	0%	0%
38	117%	72%	320%	143%	77%	34%	0%	0%
39	117%	72%	319%	143%	77%	34%	0%	0%
40	117%	72%	317%	143%	77%	34%	0%	0%
41	117%	72%	316%	143%	77%	34%	0%	0%
42	117%	72%	315%	143%	77%	34%	0%	0%
43	117%	72%	310%	140%	75%	34%	0%	0%
44	117%	72%	306%	138%	73%	34%	0%	0%
45	117%	73%	301%	135%	71%	34%	0%	0%
46	118%	73%	296%	132%	69%	34%	0%	0%
47	118%	73%	292%	130%	67%	34%	0%	0%
48	118%	73%	286%	129%	66%	34%	0%	0%
49	118%	73%	280%	128%	66%	34%	0%	0%
50	118%	73%	274%	127%	65%	34%	0%	0%
51	118%	73%	268%	126%	64%	34%	0%	0%
52	117%	73%	262%	125%	64%	34%	0%	0%
53	116%	73%	255%	123%	62%	34%	0%	0%
54	115%	72%	247%	120%	60%	34%	0%	0%
55	114%	71%	240%	117%	58%	34%	0%	0%
56	112%	71%	232%	114%	57%	34%	0%	0%
57	111%	70%	225%	111%	55%	34%	0%	0%
58	109%	69%	215%	107%	52%	33%	0%	0%
59	106%	67%	205%	103%	50%	32%	0%	0%
60	104%	65%	196%	99%	47%	31%	0%	0%
61	102%	63%	186%	95%	45%	31%	0%	0%
62	100%	62%	176%	92%	42%	30%	0%	0%
63	94%	59%	165%	86%	38%	26%	0%	0%
64	88%	57%	154%	81%	34%	22%	0%	0%
65	83%	54%	143%	75%	30%	18%	0%	0%
66	77%	52%	132%	70%	26%	15%	0%	0%
67	71%	49%	122%	64%	22%	11%	0%	0%
68	67%	47%	115%	61%	20%	10%	0%	0%
69	62%	45%	108%	58%	19%	10%	0%	0%
70	58%	43%	101%	55%	18%	9%	0%	0%
71	53%	41%	94%	52%	17%	9%	0%	0%
72	48%	39%	87%	49%	16%	8%	0%	0%
73	45%	38%	82%	46%	15%	8%	0%	0%
74	42%	36%	77%	44%	14%	7%	0%	0%
75	39%	34%	73%	41%	12%	7%	0%	0%
76	36%	32%	68%	38%	11%	6%	0%	0%
77	32%	31%	63%	36%	10%	5%	0%	0%
78	31%	29%	60%	33%	10%	5%	0%	0%
79	29%	27%	56%	31%	9%	5%	0%	0%
80	27%	26%	52%	29%	9%	5%	0%	0%
81	26%	24%	48%	27%	8%	4%	0%	0%
82	24%	23%	44%	25%	8%	4%	0%	0%
83	23%	21%	41%	24%	7%	4%	0%	0%
84	22%	21%	40%	22%	6%	3%	0%	0%
85	21%	20%	38%	21%	5%	3%	0%	0%
86	20%	19%	35%	21%	4%	2%	0%	0%
87	19%	19%	34%	20%	3%	1%	0%	0%
88	19%	17%	32%	18%	2%	1%	0%	0%
89	18%	16%	31%	17%	2%	1%	0%	0%
90	17%	16%	29%	17%	2%	1%	0%	0%
91	16%	15%	27%	16%	2%	1%	0%	0%
92	15%	15%	26%	16%	1%	1%	0%	0%
93	14%	13%	25%	14%	1%	1%	0%	0%
94	14%	13%	23%	14%	1%	1%	0%	0%
95	14%	13%	23%	13%	1%	1%	0%	0%
96	13%	12%	22%	13%	1%	1%	0%	0%
97	13%	12%	21%	12%	1%	1%	0%	0%
98	12%	11%	19%	12%	1%	1%	0%	0%
99	12%	11%	19%	11%	1%	1%	0%	0%
100	11%	11%	18%	11%	1%	1%	0%	0%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Benefit Increase Option Factors for 5-Year Benefit Period**

Issue Age	Simple		Compound		Step-Rate		Deferred	Guaranteed Purchase Option
	5%	3%	5%	3%	5%	3%		
0	113%	69%	320%	127%	70%	31%	0%	0%
31	113%	69%	320%	127%	70%	31%	0%	0%
32	113%	69%	320%	127%	70%	31%	0%	0%
33	113%	69%	319%	126%	70%	31%	0%	0%
34	113%	69%	317%	126%	70%	31%	0%	0%
35	113%	69%	316%	126%	70%	31%	0%	0%
36	113%	69%	315%	126%	70%	31%	0%	0%
37	113%	69%	313%	126%	70%	31%	0%	0%
38	113%	69%	312%	126%	70%	31%	0%	0%
39	113%	69%	311%	126%	70%	31%	0%	0%
40	113%	69%	309%	126%	70%	31%	0%	0%
41	113%	69%	308%	126%	70%	31%	0%	0%
42	113%	69%	307%	126%	70%	31%	0%	0%
43	113%	69%	303%	124%	68%	31%	0%	0%
44	113%	69%	298%	122%	67%	31%	0%	0%
45	113%	69%	294%	119%	65%	31%	0%	0%
46	113%	69%	290%	117%	63%	31%	0%	0%
47	113%	69%	286%	115%	61%	31%	0%	0%
48	113%	69%	279%	114%	60%	31%	0%	0%
49	113%	69%	273%	112%	59%	31%	0%	0%
50	113%	69%	266%	111%	57%	31%	0%	0%
51	113%	69%	259%	110%	56%	31%	0%	0%
52	113%	69%	253%	109%	55%	31%	0%	0%
53	112%	69%	246%	106%	54%	31%	0%	0%
54	110%	68%	238%	103%	53%	31%	0%	0%
55	109%	68%	231%	101%	52%	31%	0%	0%
56	108%	67%	224%	98%	51%	31%	0%	0%
57	106%	67%	216%	95%	50%	31%	0%	0%
58	104%	65%	207%	91%	47%	30%	0%	0%
59	102%	63%	197%	88%	45%	30%	0%	0%
60	100%	62%	187%	84%	43%	29%	0%	0%
61	98%	60%	178%	80%	40%	28%	0%	0%
62	95%	58%	168%	77%	38%	27%	0%	0%
63	90%	56%	159%	73%	35%	23%	0%	0%
64	84%	53%	150%	69%	32%	20%	0%	0%
65	79%	51%	140%	64%	29%	16%	0%	0%
66	73%	48%	131%	60%	26%	12%	0%	0%
67	67%	46%	122%	56%	23%	8%	0%	0%
68	63%	44%	115%	53%	21%	8%	0%	0%
69	58%	42%	108%	50%	20%	7%	0%	0%
70	54%	40%	101%	47%	18%	7%	0%	0%
71	49%	38%	94%	44%	17%	6%	0%	0%
72	45%	36%	87%	42%	16%	6%	0%	0%
73	42%	34%	82%	39%	15%	5%	0%	0%
74	39%	33%	77%	36%	14%	5%	0%	0%
75	36%	31%	73%	34%	12%	4%	0%	0%
76	32%	29%	68%	31%	11%	4%	0%	0%
77	29%	28%	63%	29%	10%	3%	0%	0%
78	28%	26%	60%	27%	10%	3%	0%	0%
79	26%	25%	56%	25%	9%	3%	0%	0%
80	25%	23%	52%	24%	9%	3%	0%	0%
81	23%	22%	48%	22%	8%	2%	0%	0%
82	22%	20%	44%	20%	8%	2%	0%	0%
83	21%	19%	41%	19%	7%	2%	0%	0%
84	20%	19%	40%	18%	6%	2%	0%	0%
85	19%	18%	38%	17%	5%	1%	0%	0%
86	19%	17%	35%	17%	4%	1%	0%	0%
87	17%	17%	34%	16%	3%	1%	0%	0%
88	17%	16%	32%	15%	2%	1%	0%	0%
89	16%	14%	31%	14%	2%	1%	0%	0%
90	15%	14%	29%	14%	2%	1%	0%	0%
91	15%	13%	27%	13%	2%	0%	0%	0%
92	14%	13%	26%	13%	1%	0%	0%	0%
93	13%	12%	25%	12%	1%	0%	0%	0%
94	13%	12%	23%	12%	1%	0%	0%	0%
95	12%	12%	23%	11%	1%	0%	0%	0%
96	12%	11%	22%	11%	1%	0%	0%	0%
97	12%	11%	21%	10%	1%	0%	0%	0%
98	11%	10%	19%	10%	1%	0%	0%	0%
99	11%	10%	19%	9%	1%	0%	0%	0%
100	10%	10%	18%	9%	1%	0%	0%	0%

**Transamerica Life Insurance Company**  
**Long Term Care Policy TLC 1-FP (AR) 206**

**Benefit Increase Option Factors for Benefit Periods Greater Than 5 Years**

Issue Age	Simple		Compound		Step-Rate		Deferred	Guaranteed Purchase Option
	5%	3%	5%	3%	5%	3%		
0	186%	100%	444%	201%	92%	55%	0%	0%
31	186%	100%	444%	201%	92%	55%	0%	0%
32	186%	100%	444%	201%	92%	55%	0%	0%
33	186%	100%	444%	201%	92%	55%	0%	0%
34	186%	100%	443%	201%	92%	55%	0%	0%
35	186%	100%	443%	200%	92%	55%	0%	0%
36	186%	100%	442%	200%	92%	55%	0%	0%
37	186%	100%	442%	199%	92%	55%	0%	0%
38	185%	100%	440%	198%	92%	55%	0%	0%
39	184%	100%	438%	197%	92%	55%	0%	0%
40	183%	100%	436%	196%	92%	55%	0%	0%
41	182%	100%	434%	195%	92%	55%	0%	0%
42	181%	100%	432%	194%	92%	55%	0%	0%
43	179%	99%	424%	191%	91%	55%	0%	0%
44	178%	99%	416%	188%	90%	55%	0%	0%
45	176%	99%	408%	185%	89%	54%	0%	0%
46	174%	98%	400%	182%	88%	54%	0%	0%
47	172%	98%	392%	179%	87%	54%	0%	0%
48	171%	96%	381%	176%	85%	53%	0%	0%
49	169%	94%	371%	173%	84%	52%	0%	0%
50	168%	91%	360%	170%	82%	51%	0%	0%
51	166%	89%	350%	167%	81%	51%	0%	0%
52	164%	87%	339%	164%	79%	50%	0%	0%
53	162%	85%	326%	160%	76%	49%	0%	0%
54	159%	84%	312%	156%	73%	47%	0%	0%
55	157%	83%	298%	152%	70%	46%	0%	0%
56	154%	81%	285%	148%	67%	45%	0%	0%
57	151%	80%	271%	144%	64%	43%	0%	0%
58	147%	78%	260%	139%	61%	41%	0%	0%
59	142%	77%	250%	134%	57%	40%	0%	0%
60	138%	75%	239%	128%	54%	38%	0%	0%
61	133%	73%	229%	123%	50%	36%	0%	0%
62	128%	72%	218%	118%	47%	34%	0%	0%
63	124%	70%	209%	113%	43%	32%	0%	0%
64	120%	68%	200%	109%	38%	29%	0%	0%
65	117%	66%	190%	104%	34%	27%	0%	0%
66	113%	64%	181%	100%	30%	25%	0%	0%
67	109%	63%	172%	95%	25%	23%	0%	0%
68	104%	60%	163%	91%	24%	21%	0%	0%
69	100%	58%	155%	87%	22%	20%	0%	0%
70	96%	56%	146%	83%	21%	19%	0%	0%
71	92%	54%	138%	79%	20%	17%	0%	0%
72	88%	51%	129%	75%	18%	16%	0%	0%
73	84%	49%	123%	72%	17%	15%	0%	0%
74	80%	47%	117%	69%	16%	15%	0%	0%
75	77%	45%	111%	66%	15%	14%	0%	0%
76	73%	43%	105%	63%	14%	14%	0%	0%
77	69%	41%	99%	60%	13%	13%	0%	0%
78	66%	39%	93%	57%	12%	13%	0%	0%
79	62%	37%	87%	53%	12%	12%	0%	0%
80	58%	35%	81%	50%	11%	11%	0%	0%
81	55%	33%	74%	46%	10%	11%	0%	0%
82	51%	31%	68%	42%	10%	10%	0%	0%
83	49%	29%	64%	40%	8%	9%	0%	0%
84	47%	29%	62%	38%	7%	7%	0%	0%
85	46%	27%	58%	36%	6%	6%	0%	0%
86	44%	25%	54%	36%	5%	5%	0%	0%
87	40%	25%	52%	33%	3%	3%	0%	0%
88	40%	23%	50%	31%	3%	3%	0%	0%
89	38%	22%	48%	29%	3%	3%	0%	0%
90	36%	22%	44%	29%	2%	2%	0%	0%
91	35%	20%	42%	27%	2%	2%	0%	0%
92	33%	20%	40%	27%	2%	2%	0%	0%
93	31%	18%	38%	25%	2%	2%	0%	0%
94	31%	18%	36%	25%	2%	2%	0%	0%
95	29%	18%	36%	22%	2%	2%	0%	0%
96	27%	16%	34%	22%	2%	2%	0%	0%
97	27%	16%	32%	20%	2%	2%	0%	0%
98	26%	14%	30%	20%	2%	2%	0%	0%
99	26%	14%	30%	18%	2%	2%	0%	0%
100	24%	14%	28%	18%	2%	2%	0%	0%



<i>SERFF Tracking Number:</i>	<i>AEGJ-126667700</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46210</i>
<i>Company Tracking Number:</i>	<i>1231</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>UNI1 - Shared Care Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>UNI1 - Form/Rate Filing/2035</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR-Uni1 Certification of Compliance.pdf

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Bypassed - Item:** Application

**Bypass Reason:** TLC 1-ABCAPP (AR) 303  
TLC 1-CAPP (AR) 303  
TLC 1-JABCAPP (AR) 303  
TLC 1-JCAPP (AR) 303  
-Approved 5/30/2006

**Comments:**

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Outline of Coverage

**Comments:**

TLC 1 (AR) 0510 OC      Outline of Coverage

**Attachment:**

TLC 1 (AR) 0510 OC.pdf

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

AR-Uni1 Filing Letter.pdf



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302

## CERTIFICATION OF COMPLIANCE

<u>New Form Numbers</u>	<u>Form Titles</u>	<u>Flesch Scores</u>
TLC 1-SC-R 0510	Shared Care Benefit Rider	54.2
TLC 1 (AR) 0510 OC	Outline of Coverage	Scored with the policy

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.

I also certify that the above form submission complies with all pertinent sections of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996.

I also certify that to the best of my knowledge and belief that this plan meets the requirements for and is eligible to be called a tax qualified plan.

I also certify that the above form submission complies with Rule and Regulation 19 regarding unfair sex discrimination. This submission meets the provisions of this rule.

I also certify that we provide the notices described in Rule and Regulation 49, ACA 23-79-139 and Bulletin 11-88.

I also certify compliance that the Flesch scores(s) for the form(s) indicated above are accurate and correct. Therefore, this filing meets the minimum reading ease score on the test used.

A handwritten signature in black ink that reads "Suzanne M. Schaake". The signature is written in a cursive style with a horizontal line underneath.

Signature of Officer or Counsel

Suzanne M. Schaake

Name (Typed or Printed)

Assistant Vice President & Director of Product Compliance

Title

07/14/10

Date

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**ADMINISTRATIVE OFFICE: P.O. BOX [XXXXX, HURST, TEXAS XXXXX]**  
**1-[XXX-XXX-XXXX]**

**LONG TERM CARE OUTLINE OF COVERAGE FOR**  
**INDIVIDUAL POLICY FORM TLC 1-FP (AR) 206**

**RETAIN THIS OUTLINE FOR YOUR RECORDS**

**(“We,” “Us,” or “Our” means the Company. “You” or “Your” means the Policyholder.)**

**NOTICE TO BUYER:** The Policy may not cover all of the costs associated with long term care incurred during the period of coverage. The buyer is advised to review carefully all Policy limitations.

**CAUTION**

The issuance of this long term care insurance coverage is based upon the answers to the questions on the application. A copy of the application will be included in Your Policy. If any answers are incorrect or untrue, We may have the right to deny benefits or rescind the Policy. The best time to clear up any question is now, before a claim arises! If, for any reason, any of the answers are incorrect, incomplete or untrue, contact Us at Our Administrative Office: Transamerica Life Insurance Company, P.O. Box [XXXXX, Hurst, Texas XXXXX]. Our toll free number is shown above.

**1. POLICY DESIGNATION**

The Policy is an individual Policy of insurance.

**2. PURPOSE OF OUTLINE OF COVERAGE**

This Outline of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline of Coverage to Outlines of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY**.

**3. FEDERAL TAX CONSEQUENCES**

**This Policy is intended to be a tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code 1986, as amended.**

**4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**

**RENEWABILITY:** THIS POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of Your Policy, to continue this Policy as long as You pay Your premiums on time. Transamerica Life Insurance Company cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

**Termination:** The Policy will end, subject to any provision to the contrary, as of the earliest of the following:

- the date coverage under the Policy Lapses; or
- the date of Your death; or
- the date the Maximum Benefit[s] [has] [have] been exhausted; or
- the next Policy monthly anniversary following Our receipt of Your written request to cancel Your coverage, if You have not specified a future date for the cancellation in Your written request. If You request in writing a future date for cancellation of the Policy, it will end on the next Policy monthly anniversary following Your requested future cancellation date.

**Waiver of Premium:** If a Waiver of Premium Benefit has been selected, Your premiums will be waived as explained under the Other Available Benefits section.

**Reduced Benefit Offer:** If Your Policy is about to Lapse, We will advise You of Your right to reduce Your Maximum Benefit or Maximum Daily Benefit and reduce Your premium. You will have no less than 30 days to consider the offer. Notice will be sent 30 days after the premium is due. The premium for the new Maximum Benefit will be based on Your age at the time Your Policy was originally issued. It will be Your responsibility to continue to promptly pay this new reduced premium before the end of each Grace Period.

**5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS**

**We can only change the premium for the Policy if We change premiums by class for everyone in Your state, subject to approval by the Department of Insurance, if required. Premium class means a population segment classified by Our actuaries as having similar characteristics, such as issue age, issue year, rate classification, and selected benefit options or other criteria. The change in premium may occur only [after the Rate Guarantee, if any, has expired, and only] during the Premium Paying Period. We will give You at least 45 days written notice at Your last address shown in Our records before We change Your premium.**

**6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED**

If You are not satisfied with Your Policy, You may return it to Us at Our Administrative Office in [Hurst, Texas] or Your agent within 30 days after You receive it and You will receive a full refund of premiums. Premiums paid for periods after Your death will also be refunded. If You should send Us a written request to cancel Your coverage, We will refund to You any premiums paid which apply to the Premium Paying Period following the Policy monthly anniversary on which the Policy terminated.

**7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company. Neither Transamerica Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

**8. LONG TERM CARE COVERAGE**

Policies of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as a nursing home, in the community or in the home.

This Policy provides coverage for actual charges incurred[, unless You elected the Nursing Home Indemnity Payment Option,] for covered long term care expenses, subject to policy limitations, elimination periods, and other requirements.

**9. BENEFITS AVAILABLE UNDER THIS POLICY**

**BENEFIT DESCRIPTIONS**

**This Outline of Coverage provides a brief description of the benefits available under this Policy. Your insurance agent is obligated to assist You in deciding which combination of coverage options is best suited to meet Your particular needs and financial situation. The benefits You select will be indicated on Your application and the Schedule page of Your Policy.**

In order for benefits to be payable, Benefit Eligibility and all confinements, care and services must begin after the Policy Effective Date and while Your coverage is in force. All charges must be incurred while the applicable benefit is in force, unless otherwise indicated in the applicable Benefit Section of the Policy. Benefit payments are subject to all terms and provisions of the Policy.

If more than one type of covered care is received on the same day, only the daily benefit providing the largest payment will be payable, unless otherwise stated in the Policy.

The benefits subject to the Maximum Benefit You selected will be indicated on the Schedule page of the Policy.

To qualify for benefits, the Elimination Period You selected (unless otherwise indicated) must be satisfied and the Benefit Eligibility requirements must be met.

### **ELIGIBILITY FOR THE PAYMENT OF BENEFITS**

To be eligible for benefits, We must receive a Plan of Care that specifies what care is needed. The care must be needed because the Insured Person has been certified within the last 12 months by a Licensed Health Care Practitioner as:

- requiring continual supervision, which may include cueing by verbal prompting, gestures, or other demonstrations, by another person to protect the Insured Person from threats to his or her health or safety, due to severe Cognitive Impairment; or
- requiring the presence of another person within arm's reach due to the inability to perform at least the Required Number of Activities of Daily Living, shown on the Schedule page of the Policy, for a period of at least 90 days. The other person must be present within arm's reach in order to assist, supervise or prevent injury by physical intervention.

If an Insured Person meets the Benefit Eligibility requirements shown above, he or she will have met the requirements under the federal law to be considered a Chronically Ill Individual. Meeting this requirement is necessary in order for the Policy to qualify for favorable tax treatment under federal law.

Activities of Daily Living are: (1) Bathing; (2) Continence; (3) Dressing; (4) Eating; (5) Toileting; and (6) Transferring, as defined in the Policy.

**Following is a description of the coverage available for care and services covered under each benefit. All benefit maximums are as indicated on Your application and the Schedule page of the Policy.**

### **BENEFITS**

#### **Nursing Home Benefit:**

We will pay the actual charges incurred for each day an Insured Person is confined in a Nursing Home, up to the Maximum Daily Benefit.

#### **Nursing Home Bed Reservation Benefit:**

When an Insured Person is absent for any reason (except discharge) during a Nursing Home confinement, the benefit will be one or a combination of the following:

- if the absence occurs after the Elimination Period has been met, We will pay the actual Nursing Home charges incurred for room and board while the room in the Nursing Home is being reserved during each day of the Insured Person's absence, up to the Maximum Daily Benefit; or
- if the absence occurs while satisfying the Elimination Period and room and board charges are incurred from the Nursing Home to hold the room, We will give credit toward the Elimination Period for each day the Insured Person is absent.

This benefit is limited to the Maximum Number of Days per Calendar Year shown on the Schedule page of the Policy.

#### **Assisted Living Facility Benefit:**

We will pay the actual charges incurred for room and board, not to exceed the charges for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day an Insured Person is confined in an Assisted Living Facility as defined in the Policy, up to the Maximum Daily Benefit.

**Assisted Living Facility Bed Reservation Benefit:**

When an Insured Person is absent for any reason (except discharge) during an Assisted Living Facility confinement, the benefit will be one or a combination of the following:

- if the absence occurs after the Elimination Period has been met, We will pay the actual Assisted Living Facility charges incurred for room and board while the room in the Assisted Living Facility is being reserved during each day of the Insured Person's absence, up to the Maximum Daily Benefit; or
- if the absence occurs while satisfying the Elimination Period and room and board charges are incurred from the Assisted Living Facility to hold the room, We will give credit toward the Elimination Period for each day the Insured Person is absent.

This benefit is limited to the Maximum Number of Days per Calendar Year shown on the Schedule page of the Policy.

**Home Health Care Benefit:**

We will pay the actual charges incurred for each day an Insured Person receives Home Health Care, up to the Maximum Daily Professional Services Benefit or the Maximum Daily Basic Services Benefit. Basic Services must be provided by or through a Home Health Care Agency, unless the Insured Person is receiving the Care Coordination Benefit. If the Insured Person is receiving the Care Coordination Benefit, Basic Services may be provided by a provider who is licensed or certified as required by the state to provide such services and is approved by the Care Coordinator.

**Adult Day Care Benefit:**

We will pay the actual charges incurred for each day an Insured Person receives Adult Day Care provided by and at an Adult Day Care Center, up to the Maximum Daily Adult Day Care Benefit. Adult Day Care must be received for at least 4 hours during any day for which benefits are payable.

**[Hospice Care Benefit:**

If an Insured Person has no reasonable prospect of cure and, as estimated by his or her Doctor, has a life expectancy of 6 months or less, We will pay the actual charges incurred for each day an Insured Person receives Hospice Care provided by a Hospice Care Provider, up to the Maximum Daily Benefit. We will not pay for more than 180 days of Hospice Care.

The Hospice Care Benefit is not subject to, nor will it satisfy, the Elimination Period.]

**Care Coordination Benefit:**

In addition to other benefits paid under the Policy, We will pay for the Care Coordinator to initially assess and develop a Plan of Care. Thereafter, We will pay for the covered Care Coordination services of the Care Coordinator for as long as an Insured Person meets or is expected to meet the Benefit Eligibility requirements and he or she is receiving or is expected to receive other benefits payable under the Policy. If the Care Coordinator determines it is necessary, and if the Insured Person desires, the Care Coordinator will assist the Insured Person in obtaining the services recommended in the Plan of Care. This assistance will be limited to referring the Insured Person to providers and help in coordinating such referrals.

For a Care Coordinator who is selected from Our list, there will be no charge to You for the covered Care Coordination services of the Care Coordinator and no amount will be deducted for such covered Care Coordination services from the maximum benefits payable under the Policy.

For a Care Coordinator who is not selected from Our list, the Care Coordination Benefit is limited to the Maximum Lifetime Care Coordination Benefit shown on the Schedule and any amount paid for such covered Care Coordination services will be deducted from the Maximum Benefit of the Policy. The Care Coordinator will coordinate appropriate services and monitor the delivery of such services including:

- development of the initial comprehensive, face-to-face assessment of person's functional and cognitive capacity;
- development, completion, implementation and coordination of the Plan of Care;
- monitoring of services provided under the Plan of Care;
- completion of a comprehensive reassessment of the Plan of Care, as needed; and
- discharge from the requirements under the Plan of Care, when appropriate.

The Care Coordination Benefit includes the services of the Care Coordinator to arrange for services to assist the Insured Person in remaining at Home, such as:

- home health care services;
- durable medical equipment and supplies;
- emergency medical call system;
- companion services;
- shopping services; and
- transportation services.

The benefits for the covered Care Coordination services provided by the Care Coordinator are not subject to, nor will they satisfy, the Elimination Period.

**[ADDITIONAL AVAILABLE BENEFITS IF THE INSURED PERSON IS RECEIVING THE CARE COORDINATION BENEFIT AND USING A CARE COORDINATOR SELECTED FROM OUR LIST. The benefits You select will be indicated on Your application and the Schedule page of Your Policy. The Care Coordinator must approve the provider of the care, services or training. Prior to any modification or installation, We must agree to the modification or installation.]**

**[Respite Care Benefit:**

If an Insured Person is being cared for by his or her primary caregiver on a continuous basis and such caregiver is not compensated by You for his or her services, We will pay the actual charges incurred for Respite Care provided in a Nursing Home, Assisted Living Facility, or the Insured Person's Home. We will not pay more than the Maximum Daily Benefit.

The Respite Care Benefit is not subject to, nor will it satisfy, the Elimination Period. Benefits for Respite Care will not be payable when other benefits, except for Care Coordination, are payable under the Policy. Respite Care is limited to the Maximum Number of Days per Calendar Year shown on the Schedule page of the Policy.]

**[Therapeutic Device Benefit:**

We will pay the actual charges incurred for rental or purchase of a Therapeutic Device to be used in an Insured Person's Home, up to the Maximum Lifetime Therapeutic Device Benefit shown on the Schedule page of the Policy. We will decide whether a rental or a purchase of the Therapeutic Device would be more appropriate.

The Therapeutic Device Benefit is not subject to, nor will it satisfy, the Elimination Period.

For the purposes of the Therapeutic Device Benefit, an Insured Person's Home shall not include an Assisted Living Facility.]

**[Home Modification Benefit:**

We will pay the actual charges incurred, up to the Maximum Lifetime Home Modification Benefit shown on the Schedule page of the Policy, for labor, equipment and supplies for minor modifications to an Insured Person's Home that will enhance his or her ability to perform the Activities of Daily Living and allow the Insured Person to remain in his or her Home safely.

The Home Modification Benefit is not subject to, nor will it satisfy, the Elimination Period.

For the purposes of the Home Modification Benefit, an Insured Person's Home shall not include an Assisted Living Facility.]

**[Medical Alert System Benefit:**

We will pay for a Medical Alert System either the actual monthly rental and/or monitoring charges incurred, up to the Monthly Medical Alert System Benefit, or the actual purchase cost. We will decide whether a rental or a purchase of the Medical Alert System would be more appropriate. We will not pay more than the Maximum Medical Alert System Benefit. The Monthly Medical Alert System Benefit and the Maximum Medical Alert System Benefit are shown on the Schedule page of the Policy.

The Medical Alert System Benefit is not subject to, nor will it satisfy, the Elimination Period.

For the purposes of the Medical Alert System Benefit, an Insured Person's Home shall not include an Assisted Living Facility.]

**[Caregiver Training Benefit:**

We will pay the actual charges incurred, up to the Maximum Lifetime Caregiver Training Benefit shown on the Schedule page of the Policy, for Caregiver Training for an Insured Person or a Volunteer Caregiver to assist an Insured Person in the proper use and care of a therapeutic device or in an appropriate caregiving procedure. The Caregiver Training must not already be included free of charge by an equipment or supply vendor.

The Caregiver Training Benefit is not subject to, nor will it satisfy, the Elimination Period.]

**[Patient Advocacy Benefit:**

If an Insured Person is permanently confined in a facility covered under the Policy, We will pay for unplanned visits by a person contracted by Us to evaluate the facility and assess if the Insured Person's care needs are being met and to assess the living conditions of the facility.

There will be no charge to You for these services and no amount will be deducted for such services from the maximum benefits payable. The Patient Advocacy Benefit is not subject to, nor will it satisfy, the Elimination Period.]

**[Medication Management Benefit:**

We will pay the actual charges incurred for the services of a Nurse to call, remind, verify, assist verbally, provide emotional support and confirm an Insured Person's compliance with his or her medication/treatment regimen. The Nurse will also review, coordinate, and report all medications from all sources, including over-the-counter medications, with the appropriate attending Doctor, pharmacists, case managers, home care nurses and providers. The Medication Management Benefit is not subject to, nor will it satisfy, the Elimination Period.]



**[Monthly Home Care Benefit:**

We will pay, in lieu of the Home Health Care Benefit and Adult Day Care Benefit, the actual charges incurred for Home Health Care and Adult Day Care on the basis of the services received during each continuous 30-day period rather than on a daily basis. The maximum benefit payable during each continuous 30-day period will be limited to an amount calculated by:

- multiplying the Maximum Daily Basic Services Benefit by 30;
- [plus the number of days Professional Services are received during such 30-day period multiplied by the difference, if any, between the Maximum Daily Professional Services Benefit and the Maximum Daily Basic Services Benefit.]]

**OTHER AVAILABLE BENEFITS****[Shared Care Benefit Rider**

If Your Spouse exhausts the Maximum Benefit under his/her own Transamerica Life Insurance Company policy, We will continue Your Spouse's coverage under Your Policy. Your Spouse's coverage is subject to all of the terms and the Maximum Benefit of Your Policy as long as You keep Your Policy and this Rider in force.

This will allow Your Spouse to access benefits under Your Policy if:

- (1) You and Your Spouse both purchase and maintain identical Long Term Care Insurance Policies issued by Transamerica Life Insurance Company; and
- (2) You and Your Spouse both have identical Shared Care Benefit Riders attached to Your Policies; and
- (3) the Maximum Benefit of Your Spouse's own Transamerica Life Insurance Company policy has been exhausted; and
- (4) Your Policy has at least some of its Maximum Benefit still available; and
- (5) We receive a signed consent form from You allowing Your Spouse to receive benefits under Your Maximum Benefit.

In order for Your Spouse to access benefits under Your Policy:

- (1) Your Spouse must have already exhausted the Maximum Benefit under his/her own policy; and
- (2) Your Policy must have at least some of its Maximum Benefit still available; and
- (3) Your Spouse must have already satisfied the Elimination Period under his/her own policy, if the benefits used under his/her policy were subject to the Elimination Period; **or**
- (4) Your Spouse must satisfy the Elimination Period under Your Policy, if the benefits he/she receives are subject to the Elimination Period.

You and Your Spouse both may receive benefits under Your Policy at the same time. We will not pay benefits that exceed the Maximum Benefit of both policies combined.

The Waiver of Premium Benefit contained in Your Policy or in any Rider attached to it will only apply if You are receiving benefits under Your Policy. We will not waive Your Policy's premiums because Your Spouse is receiving benefits under Your Policy.

The Full Restoration of Benefits Rider, if it is attached to Your Policy, only applies to benefits that You have used under Your Policy. No benefits used by Your Spouse will be restored under Your Policy.

If Your Spouse dies while this Rider is in effect, We will increase Your Maximum Benefit by the amount of the remaining Maximum Benefit under Your deceased Spouse's policy, if any. We must receive written proof of the death of Your Spouse. We will provide You with written notice of the new Maximum Benefit and Your new premium. No further premiums for this Rider will be required.]

**[Prescription Drug Benefit in a Nursing Home:**

We will pay the Monthly Prescription Drug Benefit for each calendar month that an Insured Person is receiving Prescription Drugs while confined in a Nursing Home and receiving the Nursing Home Benefit. The drugs must be purchased from a licensed pharmacist upon a Doctor's written prescription. The Prescription Drug does not need to have been prescribed for treatment of the condition that caused the confinement.]

**[Nursing Home Indemnity Payment Option:**

After the Elimination Period has been satisfied, We will pay You a daily indemnity benefit equal to the full Nursing Home Maximum Daily Benefit amount shown on the Schedule of the Policy, regardless of the actual charges incurred. We will continue to pay You this daily indemnity benefit as long as an Insured Person qualifies for Nursing Home benefits and actual charges are being incurred for the covered services. We will pay this benefit in lieu of the Nursing Home Benefit.

**Prior Notification for Nursing Home Confinements**

If We are notified prior to, or within 10 calendar days after, an Insured Person's confinement in a Nursing Home begins, We will pay benefits for such confinement in advance on a monthly (calendar month) basis once the Insured Person has satisfied the Elimination Period. Benefits payable under this provision will be calculated by multiplying the Nursing Home Maximum Daily Benefit by the actual number of days in the calendar month. Payment will continue to be made monthly, in advance, while the Insured Person is confined. All other provisions of the Policy will apply.]

**[Ambulance Benefit:**

We will pay the actual charges incurred for emergency ambulance service to or from a Nursing Home, up to a maximum of \$250 for each ambulance trip and a maximum of 4 trips per calendar year.

The Ambulance Benefit is not subject to, nor will it satisfy, the Elimination Period.]

**[Alternative Payment Benefit:**

Once an Insured Person has been certified to meet the Benefit Eligibility requirements and We have received a Plan of Care, We will pay You the Monthly Benefit shown on the Schedule page of the Policy in advance for each calendar month the Insured Person continues to meet those requirements. We will pay this benefit in lieu of all other benefits for care and services provided under the Policy.

The Alternative Payment Benefit is not subject to, nor will it satisfy, the Elimination Period.]

**[Waiver of Premium Benefit:**

When an Insured Person meets the Benefit Eligibility requirements, has satisfied the Elimination Period (if applicable) and is receiving Nursing Home, Assisted Living Facility, Home Health Care, [or] Adult Day Care[, or Alternative Payment] Benefits, We will automatically change Your Premium Paying Mode to monthly and not require the payment of Your monthly premium. We will stop waiving the premium when the Insured Person no longer qualifies for the Waiver of Premium Benefit. The Waiver of Premium Benefit will end on the date the Maximum Benefit has been exhausted.

To keep Your Policy in force when the Waiver of Premium Benefit ends or after an Insured Person no longer qualifies for the Waiver of Premium Benefit, premiums must be paid as they become due. Any unearned premiums on deposit with the Company at the time the Waiver of Premium period began will be refunded to You.]

**[Joint Waiver of Premium:**

We will waive all premiums for Your Policy for the same months that We are waiving the premiums for Your Spouse's Policy under the Waiver of Premium Benefit. We will stop waiving the premiums for Your Policy when We are no longer waiving the premiums for Your Spouse's Policy.

The Joint Waiver of Premium Benefit ends when the Maximum Benefit has been exhausted under either Your Policy or Your Spouse's Policy. To keep Your Policy in force when Your Joint Waiver of Premium Benefit ends or We are no longer waiving the premium, premiums must be paid as they become due. Any unearned premiums on deposit with the Company for Your Policy at the time the Waiver of Premium period began will be refunded to You.

[Premiums will not be waived under this provision if premiums are being waived for Your Spouse under a Lifetime Waiver of Premium provision.]]

**[Lifetime Waiver of Premium Benefit:**

After an Insured Person has been continuously confined in a Nursing Home for the Consecutive Day Waiting Period shown on the Schedule page of the Policy, We will not require payment of any future premium that would otherwise come due for benefits in force on the date such waiver begins.

The premium for any benefit added after the Lifetime Waiver of Premium Benefit begins will not be waived under this provision.

The Lifetime Waiver of Premium Benefit will end on the date the Maximum Benefit has been exhausted.]

**[Spouse Survivorship – Waiver of Premium:**

If You and Your Spouse both have coverage in force with Us under this policy form series [for at least the Number of Years Insured shown on the Schedule page of the Policy] [without any claims incurred] and Your Spouse dies while both Policies are in force, We will waive Your premiums for life following the later of:

- the date of death of Your Spouse; or
- the tenth anniversary of the Effective Date of Your Policy.

Any benefit added or increased must be in effect for [at least the Number of Years Insured shown on the Schedule page of the Policy for both You and Your Spouse [without any claims incurred] and for] at least 10 years from the date of such increase or addition [for You] before the premium will be waived for such benefit. The premium for any benefit added after the death of Your Spouse will not be waived under this provision.]

**[Survivorship – Waiver of Premium:**

If two or more Insured Persons have coverage in force with Us under the Policy [for at least the Number of Years Insured shown on the Schedule page of the Policy] [without any claims incurred] and one dies while the Policy is in force, We will waive the premiums for the life of the surviving Insured Person(s) following the later of:

- the date of death; or
- the tenth anniversary of the Effective Date of the Policy.

Any benefit added or increased must be in effect for [at least the Number of Years Insured shown on the Schedule page of the Policy for all Insured Persons [without any claims incurred] and for] at least 10 years from the date of such increase or addition [for the surviving Insured Person(s)] before the premium will be waived for such benefit. The premium for any benefit added after the death of the Insured Person will not be waived under this provision.]

**[Simple Benefit Increase Option:**

We will increase every dollar benefit amount annually on each anniversary of the effective date of this option. The dollar benefit amounts will increase annually by the percentage shown on the Schedule page of the Policy or by endorsement of the original dollar benefit amounts in effect on the effective date of this option (without regard to any claims paid).

[If the Schedule page of Your Policy shows a Maximum Multiple, the increases in dollar benefit amounts will stop once the dollar benefit amounts reach the Maximum Multiple of the original benefit amounts.]

Any benefit amounts You add in order to increase the amount of Your coverage after the effective date of this option will not increase until the amount of the increase has been in effect one full year.

Your premiums will be higher, but they will not increase due to a change in age or the automatic benefit increase. Below is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.]

**Compound Benefit Increase Option:**

We will increase every dollar benefit amount annually on each anniversary of the effective date of this option. The dollar benefit amounts will increase annually by the percentage shown on the Schedule page of the Policy or by endorsement of the current dollar benefit amounts in effect (without regard to any claims paid).

[If the Schedule page of Your Policy shows a Maximum Multiple, the increases in dollar benefit amounts will stop once the dollar benefit amounts reach the Maximum Multiple of the original benefit amounts.]

Any benefit amounts You add in order to increase the amount of Your coverage after the effective date of this option will not increase until the amount of the increase has been in effect one full year.

Your premiums will be higher, but they will not increase due to a change in age or the automatic benefit increase. Below is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.

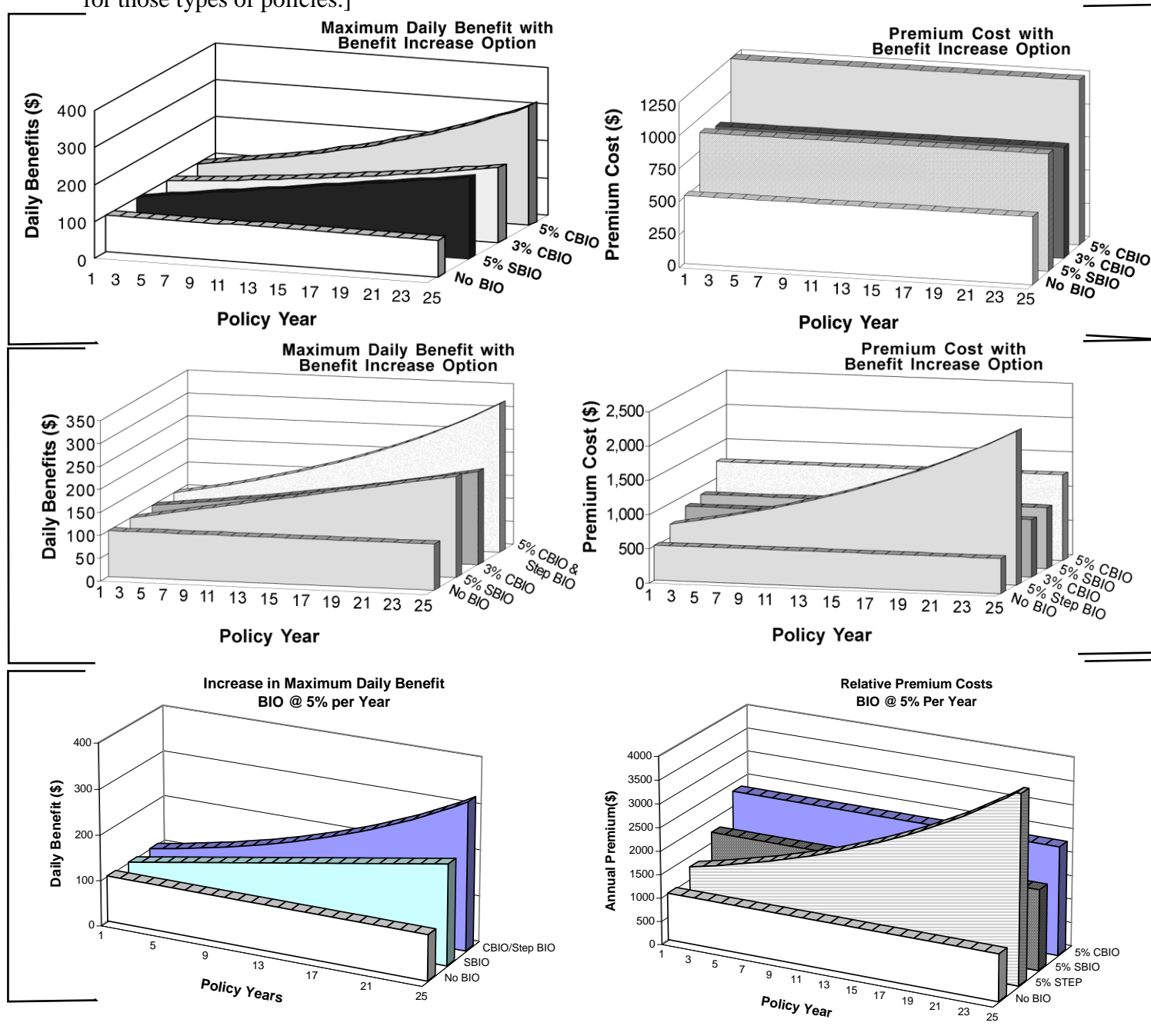
**[Step-Rated Compound Benefit Increase Option:**

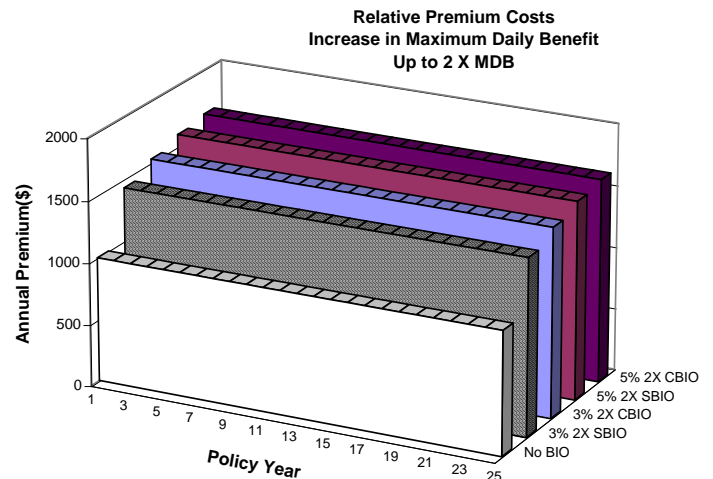
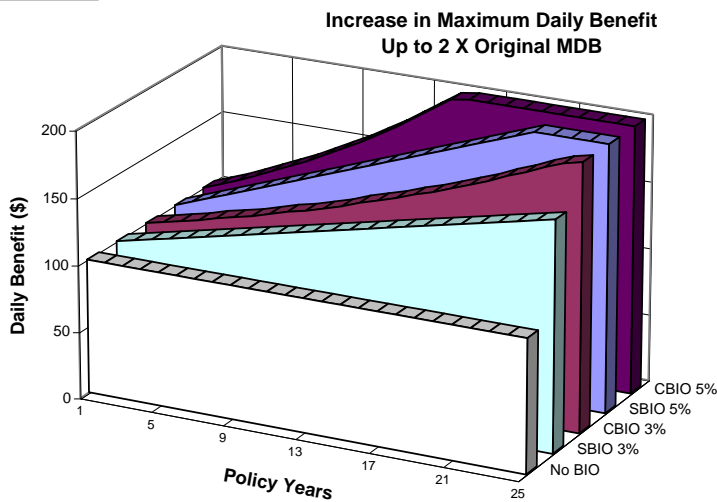
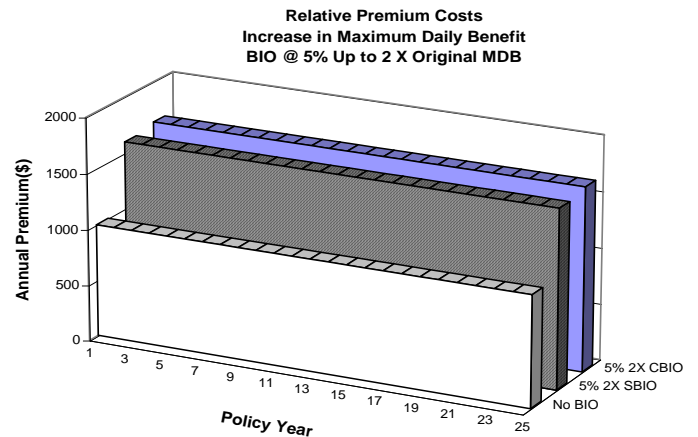
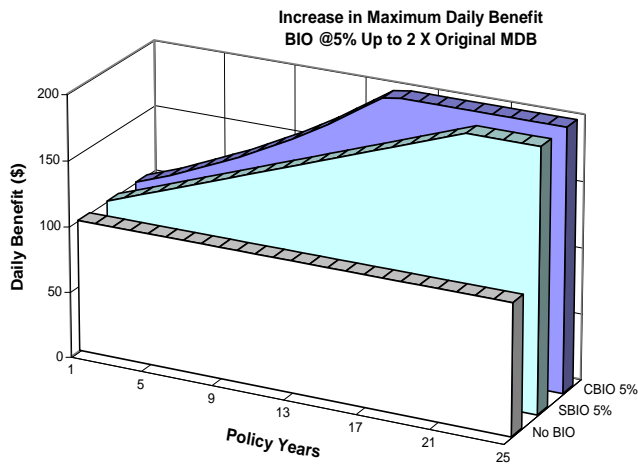
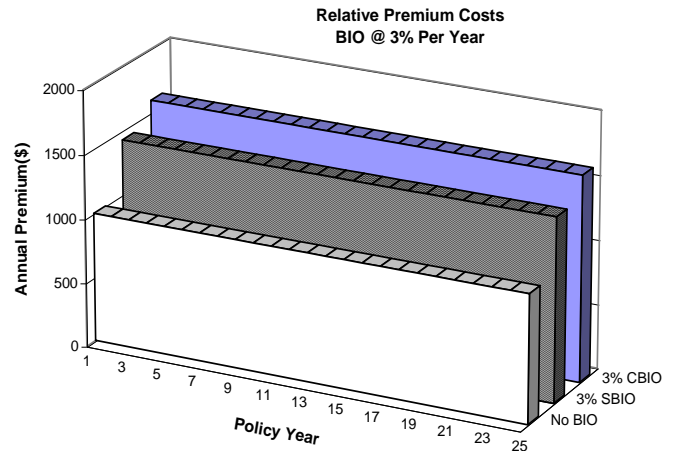
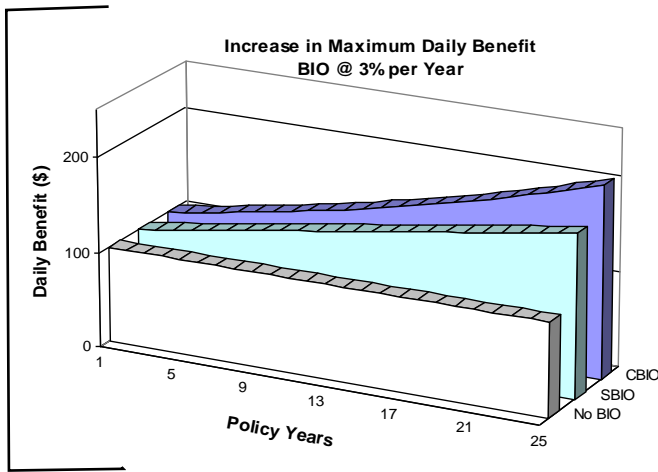
In consideration of future increases in premium amounts, We will increase every dollar benefit amount annually on each anniversary of the effective date of this option. The dollar benefit amounts will increase annually by the Benefit Increase Percentage shown on the Schedule page of the Policy or by endorsement of the current dollar benefit amounts in effect (without regard to any claims paid).

Your current premium will be increased by the Premium Increase Percentage shown on the Schedule. The increase in premium will occur at the Premium Increase Frequency shown on the Schedule, as long as this option is in force.

If You should terminate the Step-Rated Compound Benefit Increases Option, the increases in dollar benefit amounts and resulting premium increases will stop on the next anniversary of the effective date of this option following the date We receive Your notice to terminate this option. Your attained dollar benefit amounts and premium amount will remain at the then current attained level. Your premiums remain subject to Our right to increase premiums.

Below is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.]





### **[Deferred Benefit Increase Option:**

If You did not select a Benefit Increase Option at the time of application, You will have the opportunity, if no Insured Person has incurred a prior claim under the Policy, to add the Simple or Compound Benefit Increase Option, without evidence of insurability, within the 90-day period prior to the first, the third, or the fifth anniversary dates of the Policy.

The additional premium required for the Benefit Increase Option will be based on the ages of each Insured Person on the anniversary date of the Policy ending the 90-day period when the option is exercised. Increases in benefits will begin on the anniversary date of the Policy one year after the anniversary date ending the 90-day period when the option was exercised.]

**[Guaranteed Purchase Option:**

You have the option, until You reach age 85, to increase the dollar benefit amounts every three years on the Purchase Option Dates, which will begin on the third anniversary of the Effective Date of the Policy, by 16% of the amount initially elected. If You are under age 70 and should You choose not to utilize the opportunity to increase Your coverage on any two of the Purchase Option Dates, future increases will not be available under this benefit. On and after the age of 70, should You choose not to utilize the opportunity to increase Your coverage on any Purchase Option Date, future increases will not be available under this benefit.]

**[Return of Premium:**

If this benefit has been continuously in force from its Effective Date, a benefit will be paid after all Insured Persons have died. Benefits will also be paid if the Policy should Lapse and the last death occurs within 90 days of the date the last premium payment was due.

The amount of this benefit will be [the lesser of:]

- the sum of all premiums paid (excluding any waived premiums) less the amount of any benefits paid pursuant to the terms of the Policy from the Effective Date of this benefit up to the date of the last Insured Person's death[; or
- the Return of Premium Maximum Benefit shown on the Schedule page of the Policy.]

**[Full Return of Premium:**

If this benefit has been continuously in force from its Effective Date, a benefit will be paid after all Insured Persons have died. Benefits will also be paid if Your Policy should Lapse and the last death occurs within 90 days of the date the last premium payment was due.

The amount of this benefit will be [the lesser of:]

- the sum of all premiums paid (excluding any waived premiums) for the Policy from the Effective Date of this benefit up to the date of the last Insured Person's death[; or
- the Return of Premium Maximum Benefit shown on the Schedule page of the Policy.]

**[Paid-Up Provision:**

In the event You discontinue premium payment prior to the end of the Premium Paying Period You selected, a percentage of the dollar benefit amounts under the Policy will become paid-up. The percentage payable of the dollar benefit amounts will then be as follows:

<b>If Premiums Are Paid To:</b>	<b>Percentage of Benefits Paid-Up:</b>
5 or more Years Prior to End of Premium Paying Period	0%
4 Years Prior to End of Premium Paying Period	20%
3 Years Prior to End of Premium Paying Period	40%
2 Years Prior to End of Premium Paying Period	60%
1 Year Prior to End of Premium Paying Period	80%
End of Premium Paying Period	100%]

**Nonforfeiture Benefit – Shortened Benefit Period:**

After Your coverage has been in effect for at least 3 full years, this benefit provides for the coverage to continue on a limited basis if it would have otherwise Lapsed for nonpayment of premium.

The daily benefit amounts available will be the same amounts available at the time the coverage would have Lapsed. The total benefit amount in force under this benefit will be equal to all of the premium paid, excluding waived premiums, for all coverage combined, including this benefit.

The minimum benefit provided under this benefit will be equal to 30 times the Nursing Home Maximum Daily Benefit at the time of Lapse.

**Contingent Nonforfeiture Benefit and Reduced Paid-Up Contingent Nonforfeiture Benefit:**

[After the expiration of the rate guarantee, if any,] if We increase Your premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of Your Initial Premium set forth below and You are unable to afford the increased premium, You may choose one of the two coverage options offered in this provision. We will notify You at least 45 days prior to the due date of the premium reflecting the rate increase.

Your Initial Premium is based on Your age when the Policy was issued, plus the premium for any benefits that You have added since then, and/or minus the premium for any benefits that You have reduced since Your Policy was issued.

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial	Issue Age	Percent Increase Over Initial
	Premium		Premium
29 and under	200%	72	36%
30 - 34	190%	73	34%
35 - 39	170%	74	32%
40 - 44	150%	75	30%
45 - 49	130%	76	28%
50 - 54	110%	77	26%
55 - 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

**Coverage Options**

If a Trigger for a Substantial Premium Increase should occur and You are unable to afford the increased premium, We will notify You that You may elect to:

- (1) reduce Your current Policy benefits, but not less than an amount that is currently available, so that required premium payments are not increased, or



- (2) convert Your coverage as provided under the Shortened Benefit Period described below. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium. However, should Your Policy Lapse during this 120-day period, the Shortened Benefit Period will automatically take effect.

#### Shortened Benefit Period

Your coverage will continue on a limited basis if this option is put into effect.

The daily benefit amounts available will be the same amounts available at the time Your Policy would have Lapsed. The minimum benefit provided under this Shortened Benefit Period will be equal to 30 times Your Nursing Home Maximum Daily Benefit at the time of Lapse.

The maximum benefit amount in force will be equal to all premiums paid, excluding waived premiums, for all Your coverage combined.

#### Reduced Paid-Up Contingent Nonforfeiture Benefit

In addition to the Contingent Nonforfeiture benefits described above, the following Reduced Paid-Up Contingent Nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if You selected a nonforfeiture benefit when You bought Your Policy. If both the Reduced Paid-Up Benefit AND the Contingent Benefit described above are triggered by the same rate increase, You can choose either of the two benefits.

You are eligible for the Reduced Paid-Up Contingent Nonforfeiture Benefit when all three conditions shown below are met:

- (1) The premium You are required to pay after the increase exceeds Your original premium by the same percentage or more shown in the chart below:

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65 - 80	30%
Over 80	10%

- (2) You stop paying Your premiums within 120 days of when the premium increase took effect;  
AND  
(3) The ratio of the number of months You already paid premiums is 40% or more than the number of months You originally agreed to pay.

If You exercise this option Your coverage will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- (a) The total lifetime amount of benefits Your reduced paid-up Policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the Policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.  
(b) The daily benefit amounts You purchased will also be adjusted by the same ratio.

If You purchased lifetime benefits, only the daily benefit amounts You purchased will be adjusted by the applicable ratio.

Example:

You bought the Policy at age 65 with an annual premium payable for 10 years.

In the sixth year, You receive a rate increase of 35% and You decide to stop paying premiums.

Because You have already paid 50% of Your total premium payments and that is more than the 40% ratio, Your “paid-up” Policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when You stopped paying Your premiums. If You purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” Policy.

#### Coverage Options

For Policies that have a fixed or limited premium payment period, if a Trigger for a Substantial Premium Increase should occur, You are unable to afford the increased premium and You meet conditions 1-3 above for the Reduced Paid-Up Contingent Nonforfeiture Benefit, We will notify You that You may elect to:

- (1) reduce Your current Policy benefits, but not less than an amount that is currently available, so that required premium payments are not increased, or
- (2) convert Your coverage as provided under the Shortened Benefit Period described above. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium, or
- (3) convert Your coverage as provided under the Reduced Paid-Up Contingent Nonforfeiture Benefit described above. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium. However, should Your Policy Lapse during this 120-day period, the Reduced Paid-Up Contingent Nonforfeiture Benefit will automatically take effect.

#### [Cancellation Provision:

If [an Insured Person] [all Insured Persons] should die or otherwise cancel the coverage, We will return a portion of the premium (excluding any waived premiums and benefits paid) that You paid for [that Insured Person’s] [the] coverage, according to the table shown below. In the event of [Your death] [the death of all Insured Persons], We will return the appropriate percentage of premium (excluding any waived premiums and benefits paid) to [Your] [the] estate. [In the event of an Insured Person’s death other than You, We will return the appropriate percentage of the premium (excluding any waived premiums and benefits paid) to You].

#### Year of Cancellation or Death

#### Percentage of Premium Returned:

1st Policy Year	75%
2nd Policy Year	60%
3rd Policy Year	45%
4th Policy Year	30%
5th Policy Year	15%
6th Policy Year or later	0%

If You selected the Return of Premium Benefit or the Full Return of Premium Benefit, a benefit will not be payable under this provision in the event of anyone’s death.]

#### 10. GENERAL EXCLUSIONS AND LIMITATIONS

**The Policy will not pay benefits when an Insured Person is eligible for confinement, treatment, services or care:**

- resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or

- arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or
- provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or
- received outside the United States or Canada; or
- for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or
- that are not included in an Insured Person's Plan of Care; or
- that are prohibited by federal law, including those governing economic and trade sanctions; or
- rendered by a member of an Insured Person's Immediate Family, unless:
  - ❖ he or she is a regular employee of an organization which is providing the treatment, service or care; and
  - ❖ the organization receives the payment for the treatment, service or care; and
  - ❖ he or she receives no compensation other than the normal compensation for employees in his or her job category.

[The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, services, or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.]

**THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.**

**11. RELATIONSHIP OF COST OF CARE AND BENEFITS**

Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted.

If a Benefit Increase Option has been selected, Your benefits will increase as explained under the Benefit Increase Option section.

**12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS**

Once insurance goes into force, coverage is provided for Insured Persons clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

**13. PREMIUM**

Your total annual premium is \$\_\_\_\_\_, which includes \$\_\_\_\_\_ for the Included Benefits and \$\_\_\_\_\_ for the Elected Benefits You selected.

The Premium Paying Mode You select will impact Your overall cost of insurance. You should compare all the Premium Paying Modes available and choose the one that works best for Your financial and budgetary needs.

**14. ADDITIONAL FEATURES**

This coverage is medically underwritten. It is very important for all the questions on the application to be completed fully and correctly. If, for any reason, the answers are incorrect, incomplete or untrue, the Policy may be void and We may have the right to deny benefits or rescind the Policy.

### **New Coverage Offer**

In the event We develop new long term care policies or benefits not included in the Policy, if no Insured Person:

- (1) is eligible for benefits;
- (2) is receiving benefits;
- (3) is in the process of satisfying his or her Elimination Period; or
- (4) has previously been in claim status under the Policy.

We will offer You the opportunity to apply for the new Policy or benefits, unless any Insured Person would be ineligible to apply for coverage due to issue age limitations under the new Policy.

### **[Restoration of Nursing Home Benefits:**

**This provision only describes how benefits can be restored. The requirements found in the Benefit Eligibility provision, therefore, shall not apply to this provision. This provision, however, is subject to the requirements described below.**

Following a Nursing Home confinement for which We have been paying the Nursing Home Benefit, We will restore such Nursing Home Benefit amounts to the remaining Maximum Benefit, if certain requirements are met. This includes any increases to the Maximum Benefit that may have occurred under a Benefit Increase Option. The amounts applied to the restoration will only be applicable to the Nursing Home Benefit for subsequent Nursing Home stays.

### **Requirements for Restoration of Benefits**

For a period of 180 consecutive days, the Insured Person must not meet the requirements found in the Benefit Eligibility provision for Cognitive Impairment and the inability to perform at least the Required Number of Activities of Daily Living shown on the Schedule page of the Policy. The 180 consecutive day period begins on the day a Licensed Health Care Practitioner certifies that the Insured Person does not meet the requirements for Benefit Eligibility and such certification is filed with Us. The Policy must remain in force during this time period.]

### **[Full Restoration of Benefits:**

**This provision only describes how benefits can be restored. The requirements found in the Benefit Eligibility provision, therefore, shall not apply to this provision. This provision, however, is subject to the requirements described below.**

Following a period during which We have been paying benefits, We will restore such benefit amounts that We paid to the remaining Maximum Benefit, if the Insured Person meets certain requirements. This includes any increases to the Maximum Benefit that may have occurred under a Benefit Increase Option, if elected. The amounts applied to the restoration will only be available for subsequent stays or care subject to the restored Maximum Benefit.

### **Requirements for Full Restoration of Benefits**

For a period of 180 consecutive days, the Insured Person must not meet the requirements found in the Benefit Eligibility provision for Cognitive Impairment and the inability to perform at least the Required Number of Activities of Daily Living shown on the Schedule page of the Policy. The 180 consecutive day period begins on the day a Licensed Health Care Practitioner certifies that the Insured Person does not meet the requirements for Benefit Eligibility and such certification is filed with Us. The Policy must remain in force during this time period.]

15. **CONTACT THE ARKANSAS SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM (SHIIP) AT [800-224-6330] OR [501-371-2782] IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.**



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-553-7600, ext 3353

July 14, 2010

Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: TRANSAMERICA LIFE INSURANCE COMPANY**  
**NAIC# 86231, FEIN# 39-0989781**  
**Individual Long Term Care Insurance**  
**Actuarial Memoranda & Rates**

<u>Form Numbers</u>	<u>Description</u>
TLC 1-SC-R 0510	Shared Care Benefit Rider
TLC 1 (AR) 0510 OC	Outline of Coverage

Dear Commissioner Bradford:

Enclosed for your review and approval are the above referenced individual long-term care insurance forms intended to be tax qualified under Section 7702B(b). These forms and rates will be used with policy form TLC 1-FP (AR) 206 that was approved by your Department on 05/30/2006 and is currently being marketed in your state. Also please note that these new forms will not replace any forms currently on file with your Department.

These forms were filed in Iowa, our state of domicile, on 6/16/2010. When approved in your state, we intend to use and/or deliver these forms in both paper and electronic form.

The Shared Care Benefit Rider will allow two persons (spouses or domestic partners) to use the other person's policy once the first policy is exhausted. Both insureds may use the second policy's benefits at the same time. If one person dies, the remaining Maximum Benefit is transferred to the other person's policy. If the two people are domestic partners, they will be issued the previously approved Domestic Partner Endorsement, form TLC-DPE 0102, approved 11/22/2002.

**The Outline of Coverage has been revised to add the Shared Care Benefit Rider.** It was previously approved 09/24/2008 under SERFF Tracking # AEGJ-125755497, State Tracking # 39803 (form number TLC 1 (AR) 708 O/C). It has the variable portions marked. The Outline of Coverage will include only those endorsements/riders being marketed.

We will use existing approved applications in order to apply for this Rider. Our previously approved Schedule page for the policy indicated above will reflect the Shared Care Benefit Rider when elected, along with its appropriate premium charge.

New business rates and actuarial memoranda are also enclosed for your review.

Please be advised that these forms will be used to market partnership and non-partnership long term care. Our partnership certification filing was approved on 10/28/2008 under SERFF Tracking # AEGJ-125799440, State Tracking # 40132.

We trust that this filing will meet with your approval. If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-553-7600, extension 3353. My email address is LAleman@aegonusa.com. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Laura Aleman". The signature is written in a cursive, flowing style.

Laura Aleman, HIA, AIRC, LTCP, AIAA, ACS

Senior Policy Analyst

Long Term Care Division